PTO/\$8/08 (12-04)

Approved for use through 7/31/2006, OMB 0651-0032

U.S. Peters and Trademert Office; U.S. DEPARTMENT OF COMMERCE Under the Pepernois Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a yalid OMB control number Application or Bookel Hugob PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004 Substitute for Form PTO-676 APPLICATION AS FILED - PART I OTHER THAN OR SMALL ENTITY (Column 1) (Column 2) SMALL ENTITY NUMBER EXTRA NUMBER FLED FOR RATE (1) FEE (1) RATE (1) EEE (8) BASIC FEE NA NIA 150.00 NÁ 300.00 (37 CFR 1.16(a), (b), or (c)) SEARCH FEE · NIA NIA \$250 NIA \$500 (\$1 CE & 1 18(6) (1-ca (14)) **EXAMINATION FEE** N/A NIA NIA \$100 NIA \$200 (1) CFR 1.16(d. (p), or (d)) TOTAL CLAME X\$ 25 ·. X\$50 (D) CFR 1.16(8) minus 20 = OR INDEPENDENT CLAMS X100 X200 (37 CFR 1.16(N) minus 3 · If the specification and drawings exceed 100 sheets of paper, the application size fee due APPLICATION SIZE is \$250 (\$125 for small entity) for each FEE (37 CFR 1.16(s)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). +180= +360= MULTIPLE DEPENDENT CLAIM PRESENT (37 OFR 1.16(1)) the difference in column 1 is less than zero, enter "0" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II OTHER THAN (Column 2) (Column 3) SMALL ENTITY (Column 1) SMALL ENTITY HIGHEST CLAIMS PRESENT. NUMBER REMAINING RATE (1) RATE (S) ADDI-ADDL **EXTRA** AFTER PREVIOUSLY TIONAL TIONAL 旨 PAID FOR MENOMENT FEE (1) FEE (1) Total prore men X Minus X\$ 25 X\$50 OR る Minus X100 X200 品 OR Application Size Fee (37 CFR 1.16(s)) +180= +360= PIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) OR TOTAL TOTAL ADD'L FEE ADD'L FEE -07 (Column 1) (Column 2) (Column 3) CLAMS HIGHEST PRÉSENT REMAINING NUMBER RATE (1) RATE (S) ADDI-ADDI-TIONAL 8 PREVIOUSLY PAID FOR AFTER EXTRA TIONAL AMENDMENT. FEE (3) FEE (I) 皿 Total CFR Lieu Minus 22 X\$ 25 22 X\$50 OR Minus Independent DZ CFR 1.1803 3 3 X100 X200 砳 OR Application Size Fee (37 CFR 1.16(s)) +360= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.160) +180= OR TOTAL. TOTAL OR ADD'L FEE ADD'L FEE

If the entry in column 1 is less than the entry in column 2, write "O" in column 3.

"If the Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20".

If the Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter "3".

The Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 87 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to lake 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Dependment of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS Address. SFIND TO: Commerce for Patients. P.O. Box 1450, Alexandria, VA 22313-1450. ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

[&]quot; If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".